

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 175
Registered No. 32

1. PLACE OF BIRTH

County Gila State Ariz.
District or Township _____ or Village _____
City Islobe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Zona Mary Hooper (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth 2, 10, 1930
Month Day Year

8. FATHER
Full name Arthur Bryan Hooper

9. Residence (Usual place of abode) Islobe Ariz.
If non-resident, give place and state.

10. Color or race white 11. Age at last birthday 36 (Years)

12. Birthplace (city or place) Texas
(State or country)

13. Occupation miner
Nature of industry

14. MOTHER
Full maiden name Leila Mae Rains

15. Residence (Usual place of abode) Islobe Ariz.
If non-resident, give place and state.

16. Color or race white 17. Age at last birthday 28 (Years)

18. Birthplace (city or place) Winters Tex
(State or country)

19. Occupation Housewife
Nature of industry

20. Number of children of this mother 4 (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 4
(b) Born alive but now dead 0
(c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5:00 P. m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature I. S. Harper

(Physician or midwife).

Given name added from a supplemental report _____ Address Islobe, Ariz.

Month, day, year

Filed 3/6 1930 J. E. Lightfoot
Registrar

Registrar

989-210-392